



Town of Stow POLICE DEPARTMENT

305 Great Road
Stow, Massachusetts 01775

(978) 897-4545
FAX (978) 897-3692

William Bosworth
Chief of Police

Persons with Special Needs – Information

{ } – New

{ } – Update

The information below is for the person with special needs only. Do not put your personal information

Last Name : _____ First Name : _____

Middle Name: _____ Gender: _____ Date of Birth _____

Nickname (or any name the individual may respond to): _____

Type of disability or special need: _____

Eye Color: _____ Height: _____ Weight: _____ Complexion: _____ Build: _____

Hair Color: _____ Hair Style: _____ Facial Hair: _____

Marks / Scars / Tattoos: _____

Body Location of above: _____

Street Address: _____ City: _____, MA ZIP Code _____

Home Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Cell # _____

Parent/Guardian Name: _____ Parent/Guardian Cell # _____

Siblings Name: _____ Siblings Cell # _____

Employer / School: _____ Business / School Phone: _____

Remarks Regarding Employer / School: _____

Language Spoken: _____ Verbal/Non-Verbal? _____

Method of Communication: _____ Identification Worn or Available? _____

Inclination for wandering or characteristics that may attract: _____

Favorite attractions and locations where person may be found: _____

Noticeable Behaviors: _____

Your Contact Information
Emergency Contact Information

Full Name: _____ Date of Birth: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address: (if different from above) _____ City: _____

Work address: _____ City: _____ St: _____ Zip: _____

Secondary Emergency Contact

Full Name: _____ Date of Birth: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Relationship: _____

Address: (if different from above) _____ City: _____

Work address: _____ City: _____ St: _____ Zip: _____

Names and phone numbers of known friends or acquaintances.

Name	Phone Number	Relationship

Best methods of approach (include approach and de-escalation techniques):

Life threatening medical concerns/Allergies: _____

Any other relevant information: _____

Information such as: favorite toys, names most likely to generate a positive response, reinforcers that are used, suggestions for de-escalation and/or cooperation (ie: likes to hold pens).

Information such as what not to do should be included. (ie: physical and /or direct eye contact, bright lights, loud noises, etc.)

Please attach a photograph to this form.

Through this form, the Stow Police Department will collect information that can identify you or a family member. Such identifying information may include your name, date of birth, e-mail, address, mailing address and other similar information (“personal data”) when it is voluntarily submitted. The Stow Police Department will use your personal data to respond to requests you make of us and/or interacting with the persons named. We may refer to your personal data to better understand your needs and how we can improve our services in relation to you and / or your family. It is acknowledged that it is your responsibility to ensure that the information so collected is current and valid, and that the Stow Police Department is notified in writing of any changes. All information will remain confidential and is NOT a public record and shall only be used for its intended purpose, to protect an endangered person.

Special Needs Person Name: _____

Address: _____

Date of Birth: _____

Relationship to registrant: _____

Your Name (person filling out the form) _____

Signature: _____

Forms are to be completed and returned to :

By Mail: Stow Police Department
Special Needs Response Form
C/O Sgt. Sallese
305 Great Road
Stow, MA 01775

By Email: Sgt. Michael Sallese
msallese@stow-ma.gov